

Sunset Beach Police Department HOUSE CHECK PROGRAM

The Sunset Beach Police Department's House Check Program is designed to help keep your home secure in the event of your departure. We are pleased to provide this program free of charge for all residents.

The Police Department must be notified at least 48 hours in advance if someone will occupy the residence during the house check time period. Said occupant must notify the Police Department of a departure date. If your absence is for thirty (30) days or less, we will attempt to check your home on a daily basis. For absences longer than thirty (30) days, we will attempt to check the premises twice each week. House Checks can be scheduled for a maximum of three (3) months per year. The Police Department will do their best to ensure the security of your home while you are away, but cannot be held responsible for theft or damage that may occur.

In order for us to properly assist you, it is important that you fully fill out this form and provide as much information as possible. This will help ensure prompt and professional service, and will assist us in maintaining the security of your property.

Dates to Charle E								
	rom:/To:/							
Your Name:								
Address to be checked:								
Phone number where you can be reached:								
Alarm Company:	rm Company: Alarm Code:							
Vehicles left at house:	: License Plate #:							
ets at House: Are they inside or outside?								
Please list anyone who will also be checking	g your home:							
Th	eir phone number:							
Please list anyone staying at your house du	ring your absence:							
Please note the location of any lights left or	n in the house:							
Please list anyone performing maintenance	e on your home:							
the last four digits of your social security n	er the phone, choose a four-digit security <u>Ni</u> number, but numbers such as your anniversa g easily remembered, and you will be asked	ary years or birthdates may also						
SECUR	ITY CODE:							

PLEASE DO NOT WRITE ON THIS SIDE – TO BE FILLED OUT BY OFFICERS ONLY

ADDRESS:										
DAILY / BIWEEKLY START/ END/										
DATE	TIME	OFFICER	DATE	TIME	OFFICER	DATE	TIME	OFFICER		
							1			
Officer Notes:										